

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
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1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: web@dps.wi.gov  
Website: http://dps.wi.gov

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### ARCHITECT SECTION

#### REQUEST TO APPLY FOR ARCHITECT EXAMINATION

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#### PLEASE TYPE OR PRINT IN INK

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Name(s) - If Applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (days): (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

**Race:** \_\_\_\_\_ (1) White, not of Hispanic origin \_\_\_\_\_ (4) American Indian or Alaskan  
\_\_\_\_\_ (2) Black, not of Hispanic origin \_\_\_\_\_ (5) Asian or Pacific Islander  
(Check one) \_\_\_\_\_ (3) Hispanic \_\_\_\_\_ (6) Other

**Sex:** \_\_\_\_\_ M \_\_\_\_\_ F

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**Intern Development Program:** Place an "X" in ONE space only indicating how you qualify.

\_\_\_\_\_ Equivalent Intern Development Program Record of Experience (Form #1947).

\_\_\_\_\_ NCARB IDP Periodic Assessment Report

\_\_\_\_\_ Date record was transmitted to DSPS from NCARB.

NCARB Record Number (required): \_\_\_\_\_

**FOR BOARD  
APPROVAL ONLY**

BY \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

**EDUCATION:** (Official Transcripts Required)

<u>Colleges</u> <u>Attended</u>	<u>Degree</u> <u>Received</u>	<u>Date of</u> <u>Graduation</u>	<u>Major</u>
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**APPLICATION FEE:** Please make check payable to Department of  
Safety and Professional Services and attach to application.

\$ 90.00 (\$75 credential fee and \$15 contract administration fee)

**For Receipting Use Only**

# Wisconsin Department of Safety and Professional Services

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## **STATEMENT OF ARREST OR CONVICTION:** (Attach additional sheets if necessary)

	<b><u>YES</u></b>	<b><u>NO</u></b>
A. Have you ever been convicted of a misdemeanor or a felony, or operating while intoxicated (OWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

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## **CERTIFICATION OF LEGAL STATUS.**

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

# Wisconsin Department of Safety and Professional Services

ALL APPLICANTS MUST COMPLETE THIS SECTION

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

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Signature of Applicant

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Date

# Wisconsin Department of Safety and Professional Services

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

First Name	Middle Initial	Last Name
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## Profession

Date of Birth                                                  
                         month                      day                      year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

**EMAIL ADDRESS:**

**Do you have an email address?** ☐ Yes ☐ No

**If yes**, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

**EMAIL ADDRESS:** Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

**If no**, your checklist will be sent by first class mail.

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.